

Patient identifier/label

Patient Copy

Name of proposed procedure (Include brief explanation if medical term not clear)	ANAESTHETIC
<u>URETEROLYSIS FOR RETROPERITONEAL FIBROSIS</u> THIS INVOLVES FREEING THE OBSTRUCTION TO THE URETERS AND REMOVING PART OF THE SCAR TISSUE	<input type="checkbox"/> - GENERAL/REGIONAL <input type="checkbox"/> - LOCAL <input type="checkbox"/> - SEDATION

Statement of health professional (To be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy) I have explained the procedure to the patient. In particular, I have explained:

The intended benefits

TO IMPROVE DRAINAGE OF KIDNEYS AND TO PRESERVE/IMPROVE RENAL FUNCTION

Serious or frequently occurring risks including any extra procedures, which may become necessary during the procedure. I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient. Please tick the box once explained to patient

COMMON

- TEMPORARY INSERTION OF A BLADDER CATHETER AND WOUND DRAIN
- NEED TO STENT URETERS WITH PLASTIC TUBES (TEMPORARY)
- FURTHER PROCEDURE TO REMOVE URETERIC STENT USUALLY A LOCAL ANAESTHETIC

OCCASIONAL

- BLEEDING REQUIRING FURTHER SURGERY OR TRANSFUSIONS
- LOSS OF KIDNEY FUNCTION MAY NOT BE IMPROVED
- NEED TO REPLACE DAMAGED URETER WITH BOWEL IF REQUIRED
- RECURRENCE OF OBSTRUCTION CAN OCCUR NEEDING FURTHER SURGERY

RARE

- POSSIBILITY OF FINDING CANCER IN THE SCAR TISSUE NEEDING FURTHER TREATMENT
- INVOLVEMENT OR INJURY TO NEARBY LOCAL STRUCTURES –BLOOD VESSELS, SPLEEN, LIVER, LUNG, PANCREAS AND BOWEL REQUIRING MORE EXTENSIVE SURGERY
- SCARRING TO BOWEL OR URETERS REQUIRING OPERATION IN FUTURE
- INFECTION, PAIN OR HERNIA OF INCISION REQUIRING FURTHER TREATMENT

VERY RARELY

- ANAESTHETIC OR CARDIOVASCULAR PROBLEMS POSSIBLY REQUIRING INTENSIVE CARE ADMISSION (INCLUDING CHEST INFECTION, PULMONARY EMBOLUS, STROKE, DEEP VEIN THROMBOSIS, HEART ATTACK AND DEATH.)
- INABILITY TO EJACULATE DUE TO NERVE DAMAGE (MALES ONLY)

ALTERNATIVE THERAPY: PLACEMENT OF PLASTIC URETERAL TUBES, DIVERSION OF URINE USING A PIECE OF INTESTINE AND STEROID THERAPY.

A blood transfusion may be necessary during procedure and patient agrees **YES or NO (Ring)**

Signature of Health Professional	Job Title
Printed Name	Date

The following leaflet/tape has been provided

Contact details (if patient wishes to discuss options later)

Statement of interpreter (where appropriate) I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.

Signature of interpreter:	Print name:	Date:
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